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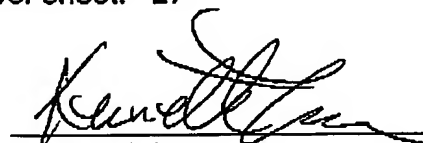
I hereby certify that the following document in re Patent Application No. 10/615,809 filed on January 8, 2003 for **SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE** is being facsimile transmitted to the United States Patent and Trademark Office Central Facsimile number 571/273-8300 on the date shown below.

#### Documents Attached

- 1) FEE AUTHORIZATION / AMENDMENT TRANSMITTAL (1 page)
- 2) COPY OF STATEMENT UNDER 37 CFR 3.73(b), POWER OF ATTORNEY and REQUEST FOR CHANGE OF CORRESPONDENCE ADDRESS (1 page)
- 3) RESPONSE TO OFFICE ACTION DATED 4/13/2006 (24 pages)

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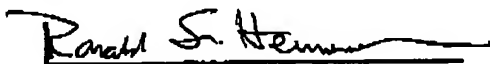
  
Kenneth Lam

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PATENT APPLICATION

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<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>				Attorney's Docket No: A-817 (US)		
Serial No. 10/615,809	Filing Date July 8, 2003	Examiner Joseph R. Kosack	Group Art Unit 1626			
In Re Application of Qi Huang, et al. For SUBSTITUTED ANTHRANILIC AMIDE DERIVATIVES AND METHODS OF USE						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input checked="" type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input checked="" type="checkbox"/> Copy of Power of Attorney with Statement Under 37 C.F.R.3.73(b) and Request for Change of Correspondence Address previously filed on August 29, 2005. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	24	Minus	45 =	0	x \$50	= \$ 0.00
Indep. Claims	2	Minus	0 =	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$360 = \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$_____. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
Please Send Future Correspondence To:						
<b>30,174</b> AMGEN INC. 1120 Veterans Boulevard South San Francisco, CA 94112 Fax number: (650) 837-9422			 Ronald S Hermenau Attorney/Agent for Applicant(s) Registration No.: 34,620 Phone: (650) 244-2261 Date: August 11, 2006			

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